



Witness statement to NSW Special Commission of Inquiry into Healthcare Funding – Solutions to Health Workforce Issues

September 2024

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This statement sets out the evidence that we are prepared to give to the Special Commission of Inquiry into Healthcare Funding as witnesses.

The statement is true to the best of our knowledge and belief.

Introduction

Formerly trading as the Society of Hospital Pharmacists of Australia, or SHPA, Advanced Pharmacy Australia (AdPha) is the progressive voice of Australian pharmacists and technicians, built on 80 years of hospital innovation that puts people and patients first. AdPha supports all practitioners across hospitals, transitions of care, aged care and general practice to realise their full potential. We are the peak body committed to forging stronger connections in health care by extending advanced pharmacy expertise from hospitals to everywhere medicines are used.

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AdPha welcomes the opportunity to provide a witness statement addressing proposed solutions relevant to workforce and training in New South Wales (NSW) that is applicable to public sector pharmacists and technicians. AdPha will provide five key proposed solutions to the NSW Special Commission of Inquiry into Healthcare Funding with solutions to the healthcare workforce issues.

NSW hospital pharmacists are crucial to alleviating the pressures on hospital capacity and integral to providing efficient, safe and quality person-centred care. Hospital pharmacists continually adapt to current health landscapes and advance their scope of practice to bridge inadequacies in the current healthcare system. NSW health requires urgent reform, and AdPha believes NSW hospital patients face inequities in the care they receive owing to the lack of skilled workforce and resources.

NSW hospitals are an outlier in comparison to other Australian jurisdictions with significantly lower investment into hospital pharmacists. The pharmacist-to-patient ratios are far below the staffing levels published in professional standards such as AdPha’s Standards of Practice for Clinical Pharmacy Services.¹ In NSW public hospitals, there are approximately 38% more inpatient beds than Victorian public hospitals, however from 2022 data, NSW has 1,505 hospital pharmacists compared to Victoria’s 2,040, 25% less than Victoria.

These inequities are heightened in regional NSW health services, as seen in Table 1 below which used pre-COVID-19 pandemic data, marginalising rural and regional NSW people. This poses significant risks to NSW hospital patients as they experience medication-related harm given hospital pharmacists are unavailable to provide their expert medication management services to prevent these incidents.

	METRO Hospital Pharmacist to Population	REGIONAL Hospital Pharmacist to Population	METRO Hospital Pharmacist to Hospital Beds	REGIONAL Hospital Pharmacist to Hospital Beds
NSW	1:5517	1:8516	1:13	1:27
VIC	1:3741	1:6706	1:8	1:18
QLD	1:3367	1:5436	1:8	1:14

Table 1. Ratio of hospital pharmacist to population & hospital beds along comparable Eastern seaboard states pre COVID-19
 #This data records all pharmacists reporting working in hospitals not only those providing ward-based services
 Data source: National Health Workforce Data Set, Australian Bureau of Statistics

The hospital pharmacy workforce reaps the consequences of chronic under-funding, as they are the most under-resourced hospital pharmacy departments in Australia. Forcing hospital pharmacists into burnout due to poor working environments, the hospital pharmacy workforce patterns a vicious cycle brewing a demotivated workforce and poor retention.

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Fundamentally, greater investment in hospital pharmacy departments is fundamental to improving the safety and quality of care for NSW patients. This ensures NSW patients are protected from preventable medication-related harm provided hospital pharmacists are equitably funded to imbue their excellence in person-centered care. The historical and longstanding lack of workforce investment jeopardizes patient safety and quality, while exacerbating stress and burnout amongst existing staff.

For more information or to discuss our submission, please contact Jerry Yik, Head of Policy and Advocacy at jyik@adpha.au

Key Issues: Health workforce and training in NSW

Issue 1: Lack of funding and investment into the pharmacy workforce pipeline, specifically intern pharmacists and early-career Resident Pharmacists. Just 4% of pharmacists who are completing/have completed AdPha's Resident Training Program are from New South Wales

Issue 2: Lack of pharmacist educators to support the training and education for hospital pharmacists and technicians, providing a work environment that does not support learning and development, leading to dissatisfaction and burnout.

Issues 3: Historical underfunding of pharmacy departments with respect to workforce, preventing Standards of Practice for Clinical Pharmacy Services from being met and hindering the uptake of innovative pharmacy services that expand service capacity and scope of practice to improve quality, safety, efficiency and patient flow in hospitals that have been implemented in other jurisdictions.

Issue 4: Maldistribution and significant underinvestment of the pharmacy workforce to rural and remote healthcare settings. Various rural and regional local health districts have

Issues 5: Health Employees' Pharmacist Award is not fit for purpose, does not provide competitive remuneration or career structure and development, and discourages workforce participation and retention.

Issue 6: Ineffective utilisation of skills and capabilities of pharmacy technicians, who can provide clinical support, increase efficiency and ease pressures on NSW hospital pharmacists.

Proposed Solutions: Health workforce and training in NSW

Proposed solution 1: Fund an additional 100 FTE Hospital Pharmacy Intern positions in NSW Health aligning with similar jurisdictions investment into the pharmacy workforce pipeline.

Proposed solution 2: Increase the number of Resident Pharmacist positions available in NSW Health to undertake an AdPha Resident Training Program. This program is in-demand for early career pharmacists and supports workforce retention, satisfaction, learning and development.

Proposed solution 3: Provide sufficient funding for NSW Hospital Pharmacy departments to deliver comprehensive pharmacy services and achieve pharmacist-to-patient ratios as outlined in the SHPA Standards of Practice for Clinical Pharmacy Services, staffing levels and structure for the provision of Clinical Pharmacy Services. This will also support pharmacy departments to adopt and implement innovative pharmacy services that allow for the expansion of pharmacist's and pharmacy technicians' scope of practice.

Proposed solution 4: Provide funding to NSW pharmacy schools to deliver hospital pharmacy student placements in NSW Health across metropolitan, rural and regional areas, with commensurate clinical educator pharmacist funding per hospital network, to ensure students are exposed to acute settings and career development pathways in these settings.

Proposed solution 5: Reform the Health Employees' Pharmacist Award to be modernized and recognise complexity, specialisation and support career development, through expansion of number of classifications, increased remuneration, revised descriptions of classifications and allowances for practitioners recognised as Fellows of AdPha or The Australian and New Zealand College of Advanced Pharmacy (ANZCAP).

Proposed solution 1: Fund an additional 100 FTE Hospital Pharmacy Intern positions in NSW Health aligning with similar jurisdictions investment into the pharmacy workforce pipeline.

Trailing well behind other jurisdictions, NSW Health offers approximately 40 Hospital Pharmacy Intern positions compared to Victoria who are funding 100 Hospital Pharmacy Intern positions in 2025, highlighting disparities and chronic under-funding in NSW hospital pharmacy departments.

To improve retention and investment in the clinical pharmacy workforce, and reduce costs involved with recruiting and training, more Hospital Pharmacy Intern positions must be made available for pharmacy graduates to set up career pathway entry points into hospital pharmacy in NSW. This provides the pillars to building a sustainable hospital pharmacy workforce pipeline for NSW Health, as hospital pharmacy interns build a skillset that meets the evolving health landscape.

This workforce strategy has been effective in states such as Victoria, where Hospital Pharmacy Intern positions are 60% funded by the state government. These intern positions have fostered stability and improvement in hospital pharmacy workforce and service development, with most hospital pharmacy interns finding gainful employment in the public sector following completion of their internship.

According to the National Australian Pharmacy Students' Association (NAPSA), hospital pharmacy is the most desirable job setting with over 80% of pharmacy students wanting jobs in hospital pharmacy. Hospital pharmacy interns not only contribute significantly to the efficient functioning of hospital pharmacies and alleviating workload pressures, but also serve as integral contributors to the development and fortification of the hospital pharmacist workforce pipeline in NSW. The practical experiences they acquire during their internships foster clinical and operational skills, as well as providing a unique opportunity for mentorship and knowledge transfer within the pharmacy team, embracing a culture of continuous learning and professional growth.

AdPha proposes NSW Health to increase the number of Hospital Pharmacy Intern positions to 100 positions annually in a staggered manner over three to four years and subsidise half the costs of Hospital Pharmacy Intern positions for Local Health Districts as undertaken in other jurisdictions. Additional requisite funding for pharmacist educator positions, similar to what is provided in Victoria, is essential to maintaining robust Hospital Pharmacy Intern Programs. Clinical educators provide continual guidance and support which is paramount in ensuring the success and competence of hospital pharmacy interns. It is imperative to acknowledge that the capacity of hospital pharmacy departments to employ more interns parallels appropriate resourcing of clinical pharmacist educators. Without sufficient investment in these educators, the expansion of intern programs lacks value and becomes challenging, limiting the potential growth of the hospital pharmacist workforce as it lacks structure, oversight and necessary guidance.

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Building a robust hospital pharmacy workforce pipeline by providing adequate support, guidance and mentorship during internship is crucial to developing a skilled workforce who can continue to provide their expert services within the NSW hospital health care system. Currently, recruitment to hospital pharmacist positions is challenging as up to 90% of applicants for hospital pharmacist vacancies are unappointable or require significant training and education when there are no resources to do so. Due to chronic underfunding and underinvestment, NSW hospital pharmacy departments do not have adequate resources or the capacity to provide these pharmacists with essential education and training to deliver hospital pharmacy services without compromising patient care. Owing to fundamental differences between the required skill and knowledge to practice as a hospital pharmacist, this requires clinical educators to provide this support which is beyond reach for NSW hospital pharmacy departments. Increasing entry pathways to hospital pharmacy by increasing the number of available Hospital Pharmacy Intern positions is vital.

Establishing a fully funded, state-wide Hospital Pharmacy Intern program through NSW Health for each Intern position is fundamental to addressing immediate workload challenges as well as providing a strategic investment in the future resilience and competence of the pharmacy workforce, aligning with the vision of the NSW Health Workforce Plan 2022-2032.²

Proposed solution 2: Increase the number of Resident Pharmacist positions available in NSW Health to undertake an AdPha Resident Training Program. This program is in-demand for early career pharmacists and supports workforce retention, satisfaction, learning and development.

The hospital pharmacy workforce in NSW is sorely under-resourced and under-staffed. The demand for their pharmacy services in hospitals are exponentially increasing, yet the ability to meet these demands is impossible due to the lack of staff and a skilled workforce. NSW hospital pharmacists are not provided with adequate opportunities to advance their scope of practice which would build a skilled workforce who can provide safe, quality, expert care.

Hospitals pharmacists who are provided with opportunities to engage in credentialling or a formalised, structured, nationally accredited pharmacy training program, such as AdPha's Resident and Registrar Training Program will support workforce sustainability whilst upskilling the profession to advance their scope of practice and deliver equitable care for NSW hospital patients. These Training Programs extend to building suitably trained pharmacists who have the capacity and skills to meet the evolving and dynamic demands of the NSW healthcare system by being adaptive experts.

Expanding the future capabilities of the NSW pharmacy workforce by increasing the number of positions available to undertake an AdPha Resident and/or Registrar Training Program will improve retention of the workforce as they cycle within the hospital sector but also provides them with learning and development opportunities to advance their practice. Increasing the number of positions is a step forward towards reaching pharmacist-to-patient ratios in professional standards such as the SHPA Standards of Practice for Clinical Pharmacy Services¹

AdPha proposes NSW Health to invest in AdPha's Resident and Registrar Training Programs to capitalise on the proposed investment into additional hospital pharmacy interns annually, ensuring young pharmacists trained by the NSW public hospital system remain in this pipeline. This is a key workforce recruitment and retention strategy adopted by many hospitals in other jurisdictions to deliver quality care and attract the best pharmacists across Australia to their hospitals. Additional requisite funding for pharmacist educator positions is essential to maintaining these Training Programs, similar to sustaining robust Hospital Pharmacy Intern programs. To date, over 800 pharmacists have completed or are completing AdPha Training Programs with clinical educator support, out of which less than 50 are from NSW, all practicing at a Resident level.

AdPha's Resident and Registrar Training Programs are Australia's premier structured, formalised, supported and accredited national two-year pharmacy Training Programs. By providing a structured and supported training environment, these Training Programs offer pharmacists opportunities to develop foundation clinical skills and pathways for specialty practice development for those seeking to advance their practice towards [The Australian and New Zealand College of Pharmacy \(ANZCAP\)](#) Registrar status.

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ANZCAP is a landmark recognition program delivered by AdPha, currently recognising the advanced clinical and non-clinical skills of pharmacists and pharmacist technicians across [46 specialty areas of practice](#), a step in the right direction. Recognition allows for the identification and utilisation of specialised knowledge and enables a health professional to contribute their unique skills to patient care, leading to more tailored and effective interventions. This recognition cultivates trust among other health professionals and patients whilst facilitating hospital pharmacists to seamlessly transition across different health services to meet the unabating health demands. Moreover, recognition will strengthen the workforce, advance pharmacy practice and alleviate pressures on NSW public hospitals as pharmacists can bridge gaps in current health burdens by providing advanced, specialty skills.

Figure 1: The 46 specialty disciplines recognised by ANZCAP



Moreover, the economic impact of pharmacists undertaking these training programs is substantial, as well-trained pharmacists contribute to streamlined healthcare delivery, reducing medication errors, optimising therapeutic outcomes, and mitigating unnecessary healthcare costs associated with suboptimal pharmaceutical care. The value of clinical pharmacy services is well documented in literature, with an Australian economic analysis indicating a \$23 return for every \$1 spent on clinical pharmacy services.

Proposed solution 3: Provide sufficient funding for NSW Hospital Pharmacy departments to deliver comprehensive pharmacy services and achieve pharmacist-to-patient ratios as outlined in the SHPA Standards of Practice for Clinical Pharmacy Services, staffing levels and structure for the provision of Clinical Pharmacy Services. This will also support pharmacy departments to adopt and implement innovative pharmacy services that allow for the expansion of pharmacist's and pharmacy technicians' scope of practice.

Expansion of pharmacist scope of practice:

Challenges and pressures put on hospital services have been increasingly demanding, ambulance ramping and access block is an issue that NSW health continues to grapple. Compounding these demands, NSW Hospital Pharmacy Departments fail to meet staffing ratios and structure for the provision of Clinical Pharmacy Services. Pharmacist-to-patient ratios as outlined in the professional standards, SHPA Standards of Practice for Clinical Pharmacy Services¹ are far from reach owing to significant underfunding. This impedes the delivery of a full suite of medication management services, compromising patient safety, provision of quality care, and consequently impacts patient flow. Many patients often miss doses of critical medicines as an inpatient, and do not receive discharge counselling from a pharmacist upon leaving hospital due to the lack of a sufficient workforce and competing higher risk priorities.

Where there is a lack of Hospital Pharmacist capacity, this puts additional burden and responsibility onto nurses and doctors to undertake clinical tasks that are more accurately and safely performed by a pharmacist, such as preparing admission and discharge support to the doctor, dealing with complex medication reviews and discharge medication counselling, further adding to their existing workloads amongst these health care professionals and contributing to their stress and burnout.

In addressing the causes and consequences of increased demand of healthcare, the 2022 *Inquiry into the impact of ambulance ramping and access block on the operation of hospital emergency departments in NSW* identified "hospital pharmacists are another profession that can play an important role in improving patient flow at multiple points: during the admission process, while patients are being treated and at discharge". The NSW Government has since accepted the Inquiry's recommendation to assess options which improve the level of pharmaceutical care provided in EDs, including consideration of partnered pharmacist medication charting (PPMC) in NSW hospitals.³

PPMC, the first iteration of collaborative pharmacist prescribing in Australian hospitals provides an achievable, collaborative care framework within which hospital pharmacists can utilise their expertise in medicines management to reduce inefficiencies in hospital workflow and improve patient health outcomes. In the PPMC model, an appropriately credentialed pharmacist conducts an interview with the patient/carer and obtains the best possible medication history (BPMH), then co-develops a medication management plan (MMP) for that patient with the treating doctor, patient/carer and nurse, and charts the patient's regular

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medications and the doctor charts any new medications. An MMP is a continuing plan developed and used by health professionals in collaboration with patients to develop strategies to manage the use of medicines for the patient.

Despite endorsement and strong support from medical professionals, directors of hospital pharmacy departments in NSW do not have sufficient funding and resources to implement these innovative models of care that advance pharmacy practice and deliver high quality, safe care. Ultimately, NSW continues to lag in providing a progressive service to patients and enters a vicious cycle of delivering inadequate care as patient represent to hospitals.

The PPMC model has been proven to reduce the proportion of inpatients with at least one medication error on their chart by 62.4% compared with the traditional medication charting method, while also reducing the length of inpatient stay by 10.6%.⁴ The PPMC model decreases the burden upon medical staff and clinical resourcing dedicated to medication charting, and increases the through put of patients since medications are already reviewed and accurately charted prior to admission and available to the admitting medical or surgical team. Moreover, these collaborative approaches to care, provides an opportunity for education as credentialled pharmacists can educate junior medical staff regards to safe prescribing practices.

A Deakin University health economic evaluation of more than 8,500 patients has explored the impacts of PPMC models upon patients in emergency departments and general wards. An estimated savings per PPMC admission was \$726, which in the replication was a total hospital cost saving of \$1.9 million with the five health services involved in the PPMC service continuing their operations.⁵

Pharmacy services are imperative to delivering quality care. As outlined in the Garling Inquiry, *"the skills of clinical pharmacists are not being well used when they clearly should be"* and *"I think that a clinical pharmacist should perform a clinical pharmacy review for each admitted patient. Such review has been shown to increase patient safety and reduce costs. Review should involve taking a patient's medication history, reviewing the patient's medical chart, and reviewing the patient's medications on discharge."*⁶

NSW Health must provide sufficient funding to NSW hospital pharmacy departments to build a sustainable workforce who can engage in innovative pharmacy services, that are being utilised across other jurisdictions showing economic viability and improved patient health outcomes. To implement these services there must be a skilled workforce, who have continual support and guidance. This requires continual investment, especially at entry points into the workforce to build the pipeline.

Expansion of pharmacy technician scope of practice:

The NSW pharmacy technician workforce must be provided opportunities to advance their scope of practice to provide clinical support, which facilitates hospital pharmacists prioritising their time preventing patient harm by delivering direct person-centred care.

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Pharmacy practice is advancing to parallel evolving healthcare demands and increased patient complexities. Building a strong health professional workforce and adopting effective resource utilisation is imperative to meeting quality use of medicines management in these dynamic health environments in NSW.

Pharmacy technicians are qualified and trained to provide a range of pharmacy services in hospitals but are under-utilised, undervalued and under-recognised for their invaluable skills. As pharmacists' roles have evolved, pharmacy technician roles have synchronously evolved with these advancements by participating in clinical roles under the supervision of pharmacists. As outlined in AdPha's Standard of Practice for Pharmacy Technicians to support Clinical Pharmacy Services⁷, pharmacy technicians can document allergy statuses on medication charts, complete Best Possible Medication Histories (BPMH) for newly admitted patients in hospital and assist with providing discharge information. This allows hospital pharmacists to prioritise clinical tasks such as reconciling these medications and assessing them for appropriateness to prevent medicine-related harm. Furthermore, this improves hospital patient flow as pharmacy technicians mediate efficiencies throughout a patient's hospital journey.

Many jurisdictions have robust clinical procedures that effectively utilise the skills of the pharmacy technician workforce to support medication management functions on hospital wards and deliver timely care. Tech-check-tech is another example of a clinical and operational activity undertaken by many pharmacy technicians in Victoria, Queensland and in South Australia which allows pharmacy technicians to verify the accuracy of a medicine dispensing completed by another technician without requiring a pharmacist, effectively utilising pharmacy workforce resources.

Hospitals have ward-based pharmacy technicians who additionally undertake traditional nursing administrative roles associated with medication storage and supply. These expanded roles for pharmacy technicians streamline timely supply of medications, coordinate and maintain appropriate storage of medications, as well as to remove ceased and unwanted medications from patient care areas. This ensures cost-saving medication stock management at ward level, cost-savings by the return of unused medicines, timely supply of newly initiated medications, and reduces the risk of administration of expired or incorrect medications.

Expansion of the pharmacy technician workforce also creates career and employment opportunities for NSW people. Currently, a nurse with an undergraduate qualification must perform administrative medication tasks. A pharmacy technician holds a TAFE-level qualification (Cert III or Diploma), creating a career pathway for NSW people who wish to be involved in medication management, but not undertake an undergraduate pharmacy or nursing degree.

AdPha proposes NSW Health to continually support building a stronger pharmacy technician workforce who can conduct clinical activities to alleviate pressures placed on clinical

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pharmacist workforce who can then perform more direct patient care activities that result in improved medication safety and ultimately better patient health outcomes through economically viable means. Pharmacy technicians must be provided the opportunity to advance their practice, and NSW health can facilitate these prospects by funding this vital paraprofessional workforce to assist with pharmacy workforce sustainability and improve efficiencies in NSW hospitals.

Proposed solution 4: Provide funding to NSW pharmacy schools to deliver hospital pharmacy student placements in NSW Health across metropolitan, rural and regional areas, with commensurate clinical educator pharmacist funding per hospital network, to ensure students are exposed to acute settings and career development pathways in these settings.

Healthcare recruitment must be sustainable in NSW Health; however, current Hospital Pharmacy Student Placements in NSW provide minimal placement exposure time to NSW healthcare settings which prevents early commitment to joining the hospital health workforce. NSW pharmacy students must be provided adequate exposure to NSW hospitals to ensure they grasp the scope of hospital pharmacy practice and engage in these professional services. This will build a strong pharmacy workforce pipeline as a strategy to ensure NSW hospital pharmacy workforce sustainability.

Earlier engagement in hospital pharmacy practice through fully funded, well-structured hospital pharmacy student placements during the progression of their university degree can positively influence interest and commitment in a hospital pharmacy career. Providing students the opportunity to participate in hospital placements allows for contextualisation of pharmacy specific roles and the importance of inter-professional collaboration, which is the cornerstone of effective, tailored, person-centred care.

Currently NSW Health provides lower placement periods to undergraduate pharmacy students, approximately one month compared to other jurisdictions such as Victoria, who have close to two to four months of hospital pharmacy exposure throughout the entirety of their pharmacy degree. Increased exposure to hospital pharmacy during placements ensures all graduates have a broad understanding of pharmacy practice and recognises nuances and differences from theory to practice. These students actively engage in completing hospital pharmacist clinical activities under the supervision of a pharmacist to build confidence and entrustment of certain clinical pharmacist roles.

These stark variations are further heightened in rural and remote areas. Unfortunately, the current lack of funding for pharmacy students to undertake rural clinical placement remains a barrier for students engaging and committing to a rural career. In the recently released Australian Universities Accord Final Report⁸, there was strong feedback from students about the burdens imposed by unpaid work placements, referred to as 'placement poverty'. Recommendation 14 of the report advised the Australian Government to work with tertiary education providers, state and territory governments, industry, business, and unions to introduce financial support for unpaid work placements, to reduce the financial hardship and placement poverty caused by mandatory unpaid placements.

AdPha recommends that NSW Health support an increase in uptake of pharmacy student placements in NSW hospitals, both in metropolitan and rural and remote areas by funding pharmacy degree clinical placements. Additionally, for rural placements, AdPha believes grants for pharmacy students should be funded, which would assist students with travel and

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accommodation costs directly incurred due to temporary relocation. Similar to the current clinical placement grants awarded for nursing and midwifery students in NSW⁹, the grant can be based on the geographical distance travelled to the placement site from their enrolled universities.

Improving access to positive clinical placement experiences for pharmacy students will be a key strategy in building a pipeline of future job-ready graduates. This will benefit metropolitan and rural and remote areas of NSW, and specifically close workforce gaps in rural and remote areas as per the intended outcomes of the NSW Health Workforce Plan 2022-2032.²

Proposed solution 5: Reform the Health Employees' Pharmacist Award to be modernized and recognise complexity, specialisation and support career development, through expansion of number of classifications, increased remuneration, revised descriptions of classifications and allowances for practitioners recognised as Fellows of AdPha or The Australian and New Zealand College of Advanced Pharmacy (ANZCAP).

Reforming the Health Employees' Pharmacist Award (the Award) to recognise advancing pharmacy practice and ensure equitable remuneration for pharmacists is essential to maintaining a sustainable and effective health workforce in NSW. Pharmacists are increasingly taking on specialised roles as health complexities evolve. However, their remuneration has not kept pace with the expansion of their scope of practice. Ensuring pharmacists are fairly compensated for their specialised, advanced expertise not only reflects the complexity and value of their contributions but also enhances job satisfaction and retention. Proper recognition through an updated the Award will attract and retain skilled pharmacists, enabling them to continue delivering high-quality, patient-centred care while alleviating pressure on other healthcare providers. This reform is critical in addressing workforce shortages, particularly in rural and remote areas, where pharmacists are often a key point of care.

The Award should also contain allowances and recognition for pharmacists who are recognised as Fellows of AdPha or ANZCAP, with career progression and consideration for classifications for specialist pharmacists to be tied to pharmacists who are recognised as Resident Pharmacists, Registrar Pharmacists or Consultant Pharmacists in the 46 different specialty disciplines recognised by ANZCAP in Figure 1.

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Figure 1: The 46 specialty disciplines recognised by ANZCAP

Issues to be explored during the hearings in October

1. Measures that may be implemented to address the maldistribution of the Health Workforce between metropolitan and rural, remote and regional locations
 - Certain local health districts (LHD) in rural and remote regions only have as little as two hospital pharmacists. This brews inequities to the care provided to patients and fails to meet the SHPA Standards of Practice for Clinical Pharmacy Services, staffing levels and structure for the provision of Clinical Pharmacy Services. There needs to be greater attraction and incentives to work in rural and remote regions, along with ensuring security and safety.
 - Increase provision of allowances and schemes similar to other jurisdictional awards is essential to incentivise workforce participation. This will increase opportunities and exposure to rural, remote and regional locations that will increase the hospital pharmacy workforce pipeline. The incentives to work in these areas when travel and accommodation is provided can increase exposure to working in these environments and ignite further passions to consider future employment in these unique and experiential health care settings.
 - Establishing structured financial and career progression incentives to attract healthcare professionals to rural, regional, and remote areas must be considered. This could include relocation allowances, housing support, and rural bonus payments. Expanding rural placements during training can also encourage future retention by exposing health professionals to the lifestyle and career opportunities in underserved areas.
 - **Proposed solution 4:** Provide funding to NSW pharmacy schools to deliver hospital pharmacy student placements in NSW Health across metropolitan, rural and regional areas, with commensurate clinical educator pharmacist funding per hospital network, to ensure students are exposed to acute settings and career development pathways in these settings.
 - Ensuring there is constant flow of students to these areas to increase engagement and exposure to contextually varying service provision in these geographical areas.
 - **Proposed solution 5:** Reform the Health Employees' Pharmacist Award to be modernized and recognise complexity, specialisation and support career development, through expansion of number of classifications, increased remuneration, revised descriptions of classifications and allowances for practitioners recognised as Fellows of AdPha or The Australian and New Zealand College of Advanced Pharmacy (ANZCAP).
2. Measures that may be implemented to address the increasing need to rely on temporary staffing arrangements, including locums and agency staff, within NSW Health facilities (including in rural, regional and remote locations), and the costs

associated with such arrangements.

- Build strong networks with metropolitan hospitals to build a transferable workforce, who have been provided with robust education and training and have access to rural training hubs to build a skilled pool of health care professionals. This could be embedded as part of a region-specific workforce plan.
 - Ensure they are provided with allowances, contracts and long-term career progression pathways to ensure it is sustainable.
 - In 2022, the [Report No. 57 – Portfolio Committee No. 2 – Health outcomes and access to health and hospital services in rural, regional and remote New South Wales](#) recommended that “NSW Health work with the Australian Government collaboratively to immediately invest in the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy. This should be done in consultation with ...professional organisations, general practice, pharmacists and community organisations.”
 - This Inquiry was instigated after a NSW regional hospital patient in Taree died from a catastrophic stroke in part as a result of preventative stroke medicines not being administered when insufficient hospital pharmacy services were available to ensure a safe transition of care. [Proposal – Hospital Pharmacy Workforce Sustainability in NSW Public Hospitals.docx](#)
3. Measures that may be implemented to support the recruitment and retention of a Health Workforce sufficient to meet the healthcare service demands of the New South Wales population now and into the future, including any mechanisms and incentives which may be utilised to:
- a. attract and retain doctors (including doctors undertaking specialist training), nurses and midwives (including those in training), allied health professionals (including those in training), to work in NSW Health facilities.
- **Proposed solution 2:** Increase the number of Resident Pharmacist positions available in NSW Health to undertake an AdPha Resident Training Program. This program is in-demand for early career pharmacists and supports workforce retention, satisfaction, learning and development.
 - Increasing availability of undertaking a Training Program drives active engagement in professional development and specialisation and is a workforce retention strategy utilised by many other jurisdictions such as Victoria and Queensland.
 - Patients are becoming more complex, and hospital pharmacists must be well educated and trained to provide tailored care. Health care professionals must be competent and confident in their professional practice to meet the needs of patients and not foster a vicious cycle where patients circulate throughout

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- the health care system due to inadequate care.
- Uptake of training programs and increased specialisation of practice must parallel adequate remuneration and recognition.
 - **Proposed solution 5:** Reform the Health Employees' Pharmacist Award to be modernised and recognise complexity, specialisation and support career development, through expansion of number of classifications, increased remuneration and revised descriptions of classifications. Hospital Pharmacists have been expanding their scope of practice over years without appropriate remuneration or recognition of the expert and innovative services they provide, this drives burnout and loss of workforce.
 - Continuing professional development, leadership pathways, and mentorship opportunities must be provided to attract and retain staff as they are valued for their expert services. These opportunities require funding from NSW health and must be seen as an investment into the healthcare system to strengthen and sustain a skilled workforce.
- b. **attract and retain doctors (including doctors undertaking specialist training), nurses and midwives (including those in training), allied health professionals (including those in training), to work in in-demand service areas;**
- Hospital pharmacists who undertake Registrar Training Programs and specialise in a defined clinical specialty will be skilled, competent and confident to provide person-centred, tailored care to patients in in-demand service areas. AdPha's offers Registrar Training Programs across the following specialties which allows hospital pharmacists to expand their skillset and deliver targeted, evidence-informed care to patients. This specialised knowledge and confidence in their practice drives greater attraction and retention to specialty areas.
 - Oncology and Haematology
 - Geriatric Medicine
 - Medicines Information
 - Critical Care
 - Paediatrics
 - Mental Health
 - Medication Safety
 - Surgery and Perioperative Medicine
 - Nephrology
 - Emergency Medicine
 - Infectious Diseases
 - Cardiology
 - Education
 - In NSW, there are just two pharmacists undertaking a Registrar Training Program, despite significant demand and interest from hospital pharmacy departments and pharmacists in NSW.
 - Health care professionals must be provided with adequate support to

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maintain healthy lifestyles to prevent burnout and disengagement with the workforce. As health burdens and complexities increase, health care professionals, such as pharmacists who are likely to be the last health care professional to see patients prior to discharge from hospitals, endure negative, belittling experiences and abuse from patients. Employee support programs and mental health support services must be provided and readily accessible for the provider of healthcare.

- Robust education and training is vital to build a skilled workforce to work in-demand service areas.
- c. investigate opportunities to facilitate and support clinicians to practice to the top of their scope of practice, or to extend or expand their scope of practice, to meet the needs of the local population; and/or
- Uphold inter-professional collaboration by facilitating education sessions which echoes multidisciplinary care.
 - Embed cultural safety and awareness learning modules into orientation to ensure health care professionals are able to provide culturally respectful and safe care to patients regardless of diversity.
 - Increase available positions to undertake AdPha Resident and Registrar training programs
 - Increase available positions and opportunities to undertake secondments to professionally develop, locally or internationally to bring back exemplar models of care.
 - **Proposed solution 2:** Increase the number of Resident Pharmacist positions available in NSW Health to undertake an AdPha Resident Training Program. This program is in-demand for early career pharmacists and supports workforce retention, satisfaction, learning and development.
- d. produce the number of medical, nursing and midwifery, and allied health graduates necessary to meet the current and future service demands on the Healthcare Workforce
- **Proposed solution 1:** Fund an additional 100 FTE Hospital Pharmacy Intern positions in NSW Health aligning with similar jurisdictions investment into the pharmacy workforce pipeline.
 - **Proposed solution 2:** Increase the number of Resident Pharmacist positions available in NSW Health to undertake an AdPha Resident Training Program. This program is in-demand for early career pharmacists and supports workforce retention, satisfaction, learning and development.
 - **Proposed solution 4:** Provide funding to NSW pharmacy schools to deliver

hospital pharmacy student placements in NSW Health across metropolitan, rural and regional areas, with commensurate clinical educator pharmacist funding per hospital network, to ensure students are exposed to acute settings and career development pathways in these settings.

- Rural Training Pathways: Provide support to complete Registrar Training Programs in rural and remote settings and build stronger partnerships with universities and medical colleges. Financial and professional development incentives, such as rural scholarships and bonding schemes, could be more widely promoted that will also enhance sustainability of the workforce
6. Reforms or other initiatives that may address the outdated nature of the existing industrial awards, instruments (including the determinations), and legislation applicable to the Health Workforce in New South Wales, including any reforms or other initiatives directed to:
- a. attracting and retaining staff to work in NSW Health facilities, as compared to private facilities and public facilities in other Australian jurisdictions;
 - b. modernising awards, including to recognise and support the optimal healthcare delivery within the public health system in New South Wales;
 - c. ensuring that they remain relevant to the contemporary delivery of healthcare within NSW Health facilities into the future, including through regular review mechanisms.
- Proposed solution 5: Reform the Health Employees' Pharmacist Award to be modernised and recognise complexity, specialisation and support career development, through expansion of number of classifications, increased remuneration and revised descriptions of classifications.
- d. updating definitions and classification structures to better suit the needs of the contemporary health workforce;
- Ensure accurate data is obtained regarding the health workforce. This will identify changes and expansion to scope of practice and varying skill levels as identified in The Australian and New Zealand Classification of Occupations (ANZSCO). Obtaining accurate and robust health workforce data can detect trends and patterns in the health workforce to identify priority areas and target action accordingly. Conducting a workforce survey, as intended by AdPha is crucial to obtain this information. Expanding definitions and finetuning classification to better align contemporary practice must occur in sync with reforms to EBA.
- e. supporting the development of a multiskilled, adaptable workforce.
- Funding education and training pharmacists to provide guidance and mentor

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emerging and current pharmacists to expand practice, engage in multidisciplinary collaborative education, and become adaptive experts. Hospital pharmacists require mentorship from an educator to provide the required guidance to professional develop.

7. The process by which any reforms or other initiatives to address the outdated nature of the existing industrial awards and instruments (including the determinations) applicable to the Health Workforce in New South Wales may be implemented.
8. Measures that may be implemented to address “non-financial” factors that impact on the retention and recruitment of clinicians to New South Wales Health (whether as employees, staff specialists, visiting medical officers, etc.).
 - Continual funding for staff wellbeing programs and services is important to ensure health care professionals are not burning out but maintain work-life balance.
 - Hospitals must provide health care professionals functioning and contemporary working environments, including consideration to occupation health and safety, ergonomic infrastructure and equipment, safety of working environment, mental health support programs and communities of practice.
 - Hospital pharmacists continually grapple with lack of integration between systems, poor interoperability and decentralisation of platforms to deliver timely, safe care.
 - Real Time Prescription Monitoring in NSW lacks interoperability, proving inefficiencies in pharmacy processes and lacks meaning to these innovative services.
 - This is further compounded by NSW not being a signatory to the Pharmaceuticals Reforms Agreement (PRA). Patients are only sent home with three days’ worth of medication, which results in unnecessary time taken for dispensing these medicines and potential likelihood for errors due to decanting of medicines.
10. The role of virtual and multidisciplinary models of care, particularly in rural, regional and remote locations, and the effect of such models on Health Workforce needs.
 - Virtual and multidisciplinary models of care can bridge current gaps in accessing face to face services. Pharmacy tele-health services can provide continuity of care and increase access to health services and effective medicine management in a timely manner. COVID-19 proved efficient health service models utilising digital health, many led by expert hospital pharmacists. These services can reach patients in rural and remote regions virtually to provide quality care.
 - These models of care can reduce demand on local health care facilities

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and ease pressure on the health workforce.

- Strengthen inter-professional collaborative models of care to deliver tailored, holistic care.
- Effectively utilised skilled health care professionals such as hospital pharmacists to deliver expert services and reach those who face challenges when accessing health care due to geographical location.

11. Measures that may be available to improve the collation and sharing of workforce data between NSW Health (and its agencies) and other stakeholders (such as unions, universities, Colleges, and other training institutions), including those which may be utilised to:

a. develop frameworks for the collection and sharing of workforce data held by NSW Health;

b. improve workforce and service delivery planning by NSW Health;

- AdPha intend to complete a landmark National Workforce Survey to obtain vital data regarding the current workforce, their needs, and scope of practice.
- A centralised and secure platform to share this data is imperative to improve transparency of data and its impact on health care. Greater clarity into the current workforce can guide priority areas for action to build and sustain a skilled workforce.

d. encourage universities to offer courses which are consistent with NSW Health workforce planning needs and implement placement partnerships with locations experiencing supply or skills shortages.

- Proposed solution 4: Provide funding to NSW pharmacy schools to deliver hospital pharmacy student placements in NSW Health across metropolitan, rural and regional areas, with commensurate clinical educator pharmacist funding per hospital network, to ensure students are exposed to acute settings and career development pathways in these settings.

12. Measures that may be implemented to improve and facilitate collaboration between stakeholders (at local, state and national levels) in service and workforce planning.

- AdPha intends to undertake a landmark pharmacy workforce survey to enable better workforce planning, quantifying and understanding where newer models of care and practice are emerging, particularly in hospital informed or hospital-led care in transitions of care, aged care and general practice, including telehealth and virtual health, particularly in rural and regional areas.

13. Measures that may be implemented to address challenges in recruiting and retaining a sustainable supply of specialist health practitioners within NSW Health, including those

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which may be utilised to:

a. overcome barriers that may be created by accreditation standards and requirements on the availability of specialist training positions, including the impact of limited supervision capacity;

- AdPha's emphasises the importance of funding additional positions for hospital pharmacy interns and pharmacist training programs along with a clinical educator.

b. improve or strengthen workforce planning by NSW Health and its agencies to identify future workforce needs (through attrition and retirement etc) and implement succession planning arrangements, including through the establishment of specialist training positions in areas of future workforce need;

c. promote consistency of basic accreditation standards and review mechanisms between specialist medical colleges;

d. address training 'bottlenecks' in specialist training programs, and in particular in those areas of practice where there are existing workforce shortages.

- Uptake of innovative services such as PPMC to improve hospital patient flow, which is a major bottleneck in the public health care system, as evident due to ambulance ramping in NSW. Hospital pharmacists are skilled in mediating patient flow by accurately charting medicines, and discharge prescriptions.
- Funding training programs for Emergency Medicine Pharmacists and up taking innovative services is important.

15. Measures that may be implemented to promote the wellbeing of the Health Workforce and address the prevalence of burnout within the NSW Health workforce, including (but not limited to):

a. structures or programs, which promote wellness, positive culture, diversity and inclusivity within NSW Health facilities;

b. an enhancement of the nature of data relating to staff wellbeing within NSW Health.

- High rates of burnout reported by NSW Health pharmacy department staff, exacerbated by increased service needs and capacity demand over the years without commensurate additional resource funding, such as implementing state-wide formularies, digital health systems, virtual clinics, clinical trials, vaccination clinics, and many others.
- Strong sentiments of feeling undervalued by NSW Health.
- Continual funding for staff wellbeing programs and services is important to ensure health care professionals are not burning out but maintain work-life

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balance.

- Hospitals must provide health care professionals functioning and contemporary working environments, including consideration to occupation health and safety, ergonomic infrastructure and equipment, safety of working environment, mental health support programs and communities of practice.

Jerry Yik

Signature:

Name: Jerry Yik

Date: 26 September 2024

Jonathan Penm

Signature:

Name: Dr Jonathan Penm

Date: 26 September 2024

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